PTO-S8:01:10-01; te through 10/31/2002 OMB 0651-0032 e; U.S DEPARTMENT OF COMMEDIES is it contains

Approved U.S. Patent and Trademark C. Under the Paperwork Reduction Act of 1995, no persons are required to aspond to a collection of information unless it contains a va

I OMB control number.				
48	7			
. Schroll				
	3			

DECLARATION FOR UTILITY OR Agrn y Docket Number 10001-297 FIG Named Invent r Kenneth R **DESIGN** 0 COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) plication Number 10/090.329 Filing Date X Declaration March 4, 2002 Declaration

	1.63)	Splication Number	10/090	329			
Declaration X		Filing Date	March 4	4, 2002			
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit	Unknow	n .			
Filing	(37 CFR 1.16 (e)) required)	Examiner Name	Unknow				
s the below named inventor, I her	reby declare that:		<del>,</del>				
y residence, mailing address, and c	citizenship are as stated belo	w next to my name.					
believe I am the original and first inv	rentor of the subject matter w	hich is claimed and for whic	h a patent is sough	t on the invention entitled:			
ADJUSTABLE, REC	CONFIGURABLE, MUL	TI-PORT OPTICAL I	PIBER COUPLE	R			
	(Title of the In	nvention)	·				
he specification of which							
is attached hereto							
OR  was filed on (MM/DD/YYYY)	March 4, 2002	as United States A	oplication Number o	or PCT International			
Application Number 10/000 339 and was amended on (MM/DD/YYYY) (if applicable).							
hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
nereby state that I have reviewed an		of the above identified specif	ication, including th	e claims, as amended by			
hereby state that I have reviewed anny amendment specifically referred to acknowledge the duty to disclose informations, material information which	o above. formation which is material to th became available betwee	patentability as defined in	37 CFR 1.56. inclu	ding for continuation-in-part			
hereby state that I have reviewed anny amendment specifically referred to acknowledge the duty to disclose inferplications, material information which to mational filing date of the continual file date of the continual file of the continual f	o above.  commetion which is material to the became available between a stion-in-part application.  s under 35 U.S.C. 119(a)-(d) and any PCT international manerals identified below.	o patentability as defined in in the filing date of the prior or (f), or 385(b) of any fore application which designar	37 CFR 1.56, include application and the ign application(s) fied at least one consider application for the ign application and ign application application and ign application application and ign application application and ign application application application application application and ign application	ding for continuation-in-part national or PCT or patent, inventor's or plant nuntry other than the United or patent, inventor's or plant			
hereby state that I have reviewed an	o above.  commetion which is material to the became available between a stion-in-part application.  s under 35 U.S.C. 119(a)-(d) and any PCT international manerals identified below.	o patentability as defined in in the filing date of the prior or (f), or 385(b) of any fore application which designar	37 CFR 1.56, include application and the ign application(s) fied at least one consider application for the ign application and ign application application and ign application application and ign application application and ign application application application application application and ign application	ding for continuation-in-part national or PCT or patent, inventor's or plant nuntry other than the United or patent, inventor's or plant			

[Page 1 of 2]

### **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: X Customer Nu or Bar Code		02	2574			OR		Соп	respondence address below
Name									
Address				<del></del>					<b>Y</b>
City				State	<u> </u>				ZIP
Country	Telepho	one							Fax
I hereby declare that all statements made herein of mare believed to be true; and further that these stater made are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon	ments we h. under	vere m	made wit	th the kn	nowledae	that v	willful	l false :	statements and the like so
NAME OF SOLE OR FIRST INVENTOR:		A pe	etition I	nas bee	en filed	for th	nis u	nsign	ed inventor
Given Name (first and middle [if any])  Kenneth R.					y Name mame	٤	Schi	roll	
Inventor's Signature Sumuth R. Le	luo	U							G/18/0レ Date
Residence: City Chatham		tate	NJ		Country	y US	SA_		Citizenship U.S.
. Mailing Address 219 Longwood Avenue	<del></del>				<del></del> -				
City Chatham	St	tate	ŊJ		ZIP	US.	5A		Country U.S.
NAME OF SECOND INVENTOR:	Α	petif	tion ha	s been	filed for	r this	uns	signed	d inventor
Given Name (first and middle [if any]) James P.				Family or Sum		Wa	ater	s	
Inventor's Signature and Water						···			Date 6/18/02
Residence: City Boonton Township	Sta	ate	NJ		Country	, US	SA_		Citizenship <sup>U</sup> • S •
Mailing Address Two Ashwood Trail									
City Boonton Township	Sta		ŊJ		ZIP		7005		Country USA
$oxed{X}$ Additional inventors are being named on the $oxed{1}$	_supplen	nenta	al Additic	onal Inve	ntor(s) sh	reet(s)	) PTC	)/SB/0	2A attached hereto.

PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION** 

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if a	ny:			A petition has been t	iled for	this unsigned inventor
Given Name Janet Family Name or Surname Armstrong						
Signature City Somerset	4	ite NJ	C	Country USA		Date G/10/02 Citizenship U.S.
Mailing Address 23 Hexham Drive						
Mailing Address  City Somerset	Char	te NJ	T	<b>ZIP</b> 08873	01	ry USA
Name of Additional Joint Inventor, if an		te NJ		A petition has been file		
Given Name				Family Name or Surname		
Inventor's Signature			•			Date
Residence: City State		-	Country		Citizenship	
Mailing Address			_			
Mailing Address	T		_			
City	Sta	te		ZIP	Countr	у
Name of Additional Joint Inventor, if ar	ıy:	[	<u> </u>	A petition has been filed	for this	unsigned inventor
Given Name				nily Name Surname		
Inventor's Signature						Date
Residence: City	State	e		Country		Citizenship
Mailing Address						
Mailing Address				T		
City	State	•		ZIP	Co	untry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



#### COPY OF PAPERS ORIGINALLY FILED

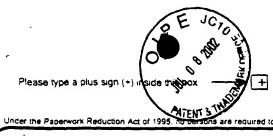
PTO/SB/81 (02-01)
Approved for use inrough 10/31/2002 OM8 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

#### POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

the state of the state of the control number.					
Application Number	10/090,329				
Filing Date	March 4, 2002	-			
First Named Inventor	Kenneth R. Schroll				
Title	Adjustable, Reconfigural Multi-Port Optical Fiber	le, Couple			
Group Art Unit	Unknown	Jourse			
Examiner Name	Unknown				
Attorney Docket Number	10001-29748				

I hereby app	oint:					•	
OR		Customer Numbe	er 02574		<b></b>		<b> </b>
Practitio	ner(s) na	amed below:		<del></del>		02574	
		Name		-	Registration	- Number	EFICE
			·				
		-					
as my/our attor	nev(s) o	r agent(s) to pros	secute the application	identifie	ed above, and	i to transact	all
business in the	United 5	States Patent and	d Trademark Office co	nnecte	d therewith.		all
			ress for the above-ider	ntified a	pplication to:		
☐ The above	-mentior	ned Customer Nu	umber.				_
	rs at Cus	stomer Number				e Customer ober Bar Code	1
OR					Labe	el here	_
Firm or Individual Na	ame						
Address							
Address							
City				State		Zip	
Country						<del></del>	
Telephone			-	Fax			
I am the:  Applican	+/Invant	••					
Applican	IVIII IV <del>G</del> IIII	Jr.					
			nterest. See 37 CFR 3				
Stateme	nt under	· 37 CFR 3.73(b)	is enclosed. (Form P	TOISB	96).		
SIGNATURE of Applicant or Assignee of Record							
Name	Name Kenneth R. Schroll						
Signature	10						
Date 6/18/02							
NOTE: Signatures of all forms if more than one			record of the entire interes	t or their	representative(	s) are required	. Submit multiple
OB Total of 3		ms are submitted.	· · · · · · · · · · · · · · · · · · ·				18

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231





PTO/SB/81 (02-01)

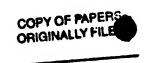
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/090,329	1
Filing Date	March 4, 2002	
First Named Inventor	Kenneth R. Schroll	
Title	Adjustable, Reconfigurat Multi-Port Optical Fiber	le, Coupl
Group Art Unit	Unknown	
Examiner Name	Unknown	1
Attorney Docket Number	10001-29748	)

I hereby appoint:				$\Box$		
Practitioners at C  OR  Practitioner(s) na	Customer Number 02574					
	Name	Registr	ation Number	- 1		
L						
as my/our attorney(s) or	agent(s) to prosecute the applica	tion identified above	, and to transact all	1		
	States Patent and Trademark Officespondence address for the above			-		
	ed Customer Number.	Fidelitined applicant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OR		<b>—</b> , [	Place Customer Number Bar Code	1		
Practitioners at Cus	stomer Number		Label here	- 1		
OR Firm or			·			
Individual Name						
Address	: 					
Address		State	Zio	-		
City Country		State	L CIP I			
Telephone		Fax				
I am the:						
Applicant/Invento	or.			1		
Assignee of reco	rd of the entire interest. See 37 (	irk 3./1. im PTO/SB/96).				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record						
	SIGNATURE OF Applicant of A					
Name Jame	s P. Waters					
Signature Com	of Calabases					
Date 6	Date 6/18/02					
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
I man is made in a consider the constant in a						





PTO/S8/81 (02-01)

Approved for use inrough 10/31/2002, OMB up31-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/090,329
Filing Date	March 4, 2002
First Named Inventor	Kenneth R. Schroll
Title	Adjustable, Reconfigura Multi-Port Optical Fibe
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	10001-29748

le, Couple

I hereby appoint:	I hereby appoint:				
Practitioners at Cus  OR Practitioner(s) name		Pla Nu Lab Mag			
	Name	Registration Numberofilms OFFICE			
as my/our attorney(s) or ag	gent(s) to prosecute the application is	dentified above, and to transact all			
	ites Patent and Trademark Office con				
	condence address for the above-iden	tified application to:			
The above-mentioned OR	dustomer number.	Place Customer			
Practitioners at Custor	mer Number	Number Bar Code			
OR		Label here			
Firm or Individual Name					
Address					
Address					
City		State Zip			
Country					
Telephone		Fax			
I am the:					
Applicant/Inventor.					
Assignee of record	of the entire interest. See 37 CFR 3.	71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Tarat	Armstrong				
Name Janet Armstrong					
Signature Atml Usmslin					
Date / G/					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
	are submitted.				